



**Culpeper County Parks & Recreation Department**  
**2023 YOUTH SPORTS FINANCIAL AID (YSFA)**



**CULPEPER COUNTY PARKS & RECREATION**

**16388 COMPETITION DRIVE, CULPEPER, VA 22701**

**PHONE: (540) 727-3412 | FAX: (540) 727-2802 | EMAIL: TRILEY@CULPEPERCOUNTY.GOV**

Please submit all YSFA Applications to the Culpeper County Parks & Recreation Department for review. As a reminder, a new application form is required each season.

Requestor's Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth / Age: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Landline \_\_\_\_ Mobile: \_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Youth Sport League: \_\_\_\_\_ Season: \_\_\_\_ Fall \_\_\_\_ Winter \_\_\_\_ Spring **(Check One)**

Age Division: \_\_\_\_\_

1. Do you currently have an ActiveNet Account? Yes \_\_\_\_ No \_\_\_\_
2. Is this request for a dependent of a Culpeper County Employee? Yes \_\_\_\_ No \_\_\_\_
  - a. If yes, please provide the Culpeper County Employee Name – if different from above.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**SNAP Gross Monthly Income Eligibility Limits**  
 (October 1, 2022 – September 30, 2023)

X	HOUSEHOLD SIZE	MONTHLY INCOME LIMITS	ANNUAL INCOME LIMITS
	1	\$1,473	\$17,676
	2	\$1,984	\$23,808
	3	\$2,495	\$29,940
	4	\$3,007	\$36,084
	5	\$3,518	\$42,216
	6	\$4,029	\$48,348
	7	\$4,541	\$54,492
	8	\$5,052	\$60,624
	<i>each additional member</i>	<i>\$512</i>	<i>\$6,144</i>

Verification will be determined by the applicant's most recent Federal and State Tax Return. All tax information will remain confidential and no copies will be retained. Requests will be submitted to the Culpeper County Parks & Recreation Administrative Team for review if special or extenuating circumstances are cited.

I certify that the information provided and attached is complete and true.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL PROCESSING**

- Residency verified by VA State Tax Return: Tax Year \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_
- Household size verified by Federal Tax Return: Tax Year \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_
- Income verified by Federal Tax Return: Tax Year \_\_\_\_\_ Yes \_\_\_\_ NO \_\_\_\_

*I have reviewed the submitted information and approve the scholarship request.*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Transaction #: \_\_\_\_\_ Amt: \_\_\_\_\_